THE MAHONING COUNTY MEDICAL SOCIETY

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CONTENTS

ADVERTISERS' LIST

Patronize them—they make the "Bulletin" possible

PRESIDENT-ELECT'S PAGE

We are now at the cross-roads of summer—a time for relaxation from the usual routine—a time when the spirit that moves us goes "haywire" and we are prone to play hooky—go to a ball game or go on a vacation instead of doing our daily toil. That almost irresistable force beckons us to the great outdoors where in some shaded nook or secluded place far away in mountain or dale we would commune with nature and dream of the good things that may betide us. But alas how different is reality today. The limited means of travel, the lack of succulent replenishments for the inner man,—the juicy steaks and luscious food—are not any more at the end of the trail.

The grim realities of the war cast their dark shadows across our paths and thwart us at each turn of the road so that commonplace incidents of today are comparable with the glories of yesterday.

When this global war is ended it is our sincere hope that we can return to the usual routine of pre-war days. Vacation, travel, and relaxation will again be here but will the things near and dear to us as "doctors" be the same?

E. H. Nagel, M. D.
President-Elect.

BULLETIN of the Mahoning County Medical Society
AUGUST 1943

Editorials---

Glancing About

Well, our gang had our annual picnic, or golf meet, or just dinner, —which ever you emphasize about it. There was a good crowd, too. Not as many as in the good-old-days, but a nice crowd.

Those who played golf,—a few—they looked rosy-pink and all right when they came in to dinner Outdoor exercise is fine. (Ask the boys in the South Pacific, or North Pacific, or Africa or England or China or anywhere else for that matter!) Those who didn't play golf but were down in the basement—this was in the Youngstown Country Club, in case our soldier and sailor fellow members don't know,—they the basement-lizards, looked rosy-punk (Oh, the word is "pink"), too, when they came in to dinner,—and if they didn't look "all right" they didn't look very bad,—just sorta disappointed! Indoor exercise is fine, too.

There were some prizes won, probably. There were 16 prizes and 12 players! Who cares? This writer won the men's prize at a bridge party once,—he was the only man playing. This was all at our Annual Blowout, Thursday, July 15th. C.B.N.

A Grouse with Three Prongs!

1. We say "out with Bureaucratic Medicine!" And we think we mean it. Do we?

Any squawking going about on the Industrial Commission of Ohio? Nope; and yet it is the perfect example. They "give permission"—or neglect to give it, to do certain things for patients, but you may treat and cure ten successive stubborn cases before permission reaches you to treat the first,—if indeed it comes at all!

Then a doctor being required to seek permission to do what HE knows (and nobody else, whether a doctor or a layman, CAN know) ought to be done.

You ask for "permission" and maybe you get it and maybe you don't,—you just have to go on, giving the treatment, and hope you'll be paid. Stultifying, don't you think?

Anything being done about that? The State Committee so far hasn't accomplished a known thing. Nobody seems to care anything about it!

2. This "National Physicians Committee": As to its present setup, is it right? Nobody questions their integrity, nor their purposes. It is composed of fine and able medical men. They all are ornaments to the profession, both for their scientific and professional contributions. But, —this body "on its own" has assumed great authority. They have circularized all of us for money to be used for fighting subversive policies. But who told them to do this? Who outside the Committee has any voice whatever in what they do? They seem to be self-created, self-perpetuating, and responsible only to themselves.

Dictators persuade themselves that they are chosen for "saving" missions. Do the methods of this Committee differ? How?

Is it possible that in Professional matters we are,—say, like some backward races or nations, "not yet ready for self-government" and some other nation must govern them "until they have been educated-up-to-self-government"?

Why do not those at the helm of

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CONCERNING THE NATURE OF BLAST INJURIES

By George M. Curtis, M. D.

(Read before the Mahoning County Medical Society, June 15, 1943)

Blast was formerly regarded as that destructive force arising from an explosion which might throw a casualty violently, and thus cause severe resultant injuries, or if he were close enough, actually "blow him to pieces." The surgical reports from World War I reveal little or no reference to the possibility that "blast," even at a greater distance, can cause severe injuries within the more resilient chest or abdomen without leaving evidence of external injury. The Spanish war, however, with its larger bombs of high explosive, added to the full significance of the term. Numerous reports revealed that such a bomb explosion might prove fatal, although the casualty had not been hit by flying fragments of the casing, or by other secondary missiles. Such casualties when examined might reveal no external wounds, and only a blood tinged froth coming from the mouth and nose. Although certain of these reports may have exaggerated the dire effects of blast, more recent experiences in England, about the Mediterranean and in the Far East have confirmed their basic observations.

Aerial raiding with the dropping of high explosive bombs of increasing size, is now being accomplished in greater volume than ever before. Moreover, this has greatly extended the casualties among the more vulnerable, because less protected civilian population. As a consequence, one of the more significant problems we all now face, concerns an understanding of the detonation of high explosive, as well as the effects of the resultant "blast" upon the human body.

The nervous system, although well protected by bone in the cranium and spine, was formerly regarded as particularly sensitive to this form of injury. Too, in World War I blast was considered of causative significance in the subsequent development of "shell shock." Another older prevailing idea concerned the effects of the suddenly produced vacuum upon those organs of the human body containing gas; for example the lungs, stomach and intestines. More recently these ideas have undergone change. Current clinical as well as post mortem studies have established the predominance of injuries to the lungs; while more recent experimental work on anmials points rather to the high pressure component of the blast wave as the principal agent of injury. Moreover, under this newer concept, injuries to solid abdominal organs as the liver and spleen become the more readily understandable.

The Nature of High Explosive

For their effects, high explosives depend upon the chemical instability of their constituents. They consist of compounds of the lemental carbon, oxygen, nitrogen and hydrogen so feebly combined that when fired by combustion or detonation, new simpler and more stable gaseous compounds are formed. Once the chemical action is started it proceeds with terrific velocity and the explosive is instantly converted into gases with the evolution of heat. These hot gases, now occupying an enormously greater volume than the original substance, have powerful disintegrating properties. High explosives are violent, detonating at the rate of several miles per second, many times greater than the speed of the most violent hurricane.

Thus, when the bomb, or shell, or torpedo, or depth charge detonates, its contained explosive is instantly converted into gases. Within the casing these then exert a pressure of from 100 to 650 tons per square inch. The casing is blown

to bits. The gases escape and by their sudden expansion produce the more powerful positive pressure component of the blast wave. This may be regarded as a single pulse of vastly increased pressure. The initial high velocity of this actual blast varies from 5,000 to 25,000 feet per second, depending upon the size of the bomb as well as upon the character of its contained explosive. As the blast wave leaves the point of explosion this high initial velocity rapidly diminishes.

The maximum pressure of this positive pressure component of the blast wave is greatest at the point of explosion. It then falls, at first the more rapidly as the wave moves away. Thus, 15 feet from the detonation of a charge of 125 pounds the pressure ranges around 200 pounds per square inch, whereas 50 feet away it has diminished to around 10 pounds.

In studying the blast wave resultant to the detonation of a lesser charge of 70 pounds, such as was used by Zukerman in his experimental work on animals, the fall in pressure has been recorded as follows:—

14 feet away—110 pounds;
18 feet away— 60 pounds;
30 feet away— 15 pounds;
50 feet away— 6 pounds.

It should be noted that these figures all represent pressures in excess of the normal atmospheric pressure, which is about 15 pounds per square inch.

The high outward velocity of this "pressure component" reduces the pressure in the air immediately behind it. As a result it is followed by a brief phase of negative pressure. This is known as the "suction component" of the blast wave. It is of longer duration than the pressure component and remains more constant. It is much weaker than the pressure component since it cannot exceed 15 pounds per square inch, which corresponds to a complete vacuum.

The extraordinarily varied effects of bombing upon the walls of buildings have been vividly described by Haldane and others. It is related that the window shutters of the houses may fly outward at the explosion of a bomb in the street, and that the walls of a building may even fall inward when the bomb explodes within the structure. In the light of an understanding of the sequence of the two components of the blast wave these bizarre findings become the more readily understandable. A huge pressure effect is instantly followed by a lesser phase of suction. These observations may even be translated into further insight concerning the nature of the effects of the two succeeding components of the blast wave upon the human body and particularly upon the more resilient human chest.

New and valuable information concerning the mechanism by which blast causes injuries within the chest and abdomen has come from the experimental laboratories. In 1940 Barcroft investigated the physiologic effects of blast upon animals. He noted that the resultant injuries were primarily in the lungs, and demonstrated the protective value of the Anderson bomb shelter.

The lung injuries consist of varying degrees of bruising of the surfaces along the paths of the ribs and course of the front of the spinal column. Microscopically, these hemorrhagic areas extend into the lung tissue. Other hemorrhages are found more deeply, especially around the smaller bronchial tubes.

From the experiences of World War I various theories were current as to the mechanism by which blast caused its hidden injuries. Some wrote of a "volent bodily commotion." Others considered the toxic effect of the gases produced at the site of the explosion. The vacuum effect was thought to liberate gas bubbles within the vessels, which plugged the circulation and thus im-

peded the blood supply to vital centers.

Until quite recently the manner in which the lung injuries were produced had not been determined. Various investigators had, however, attempted to explain this mechanism, and three possibilities had been suggested: the first, that the pulmonary lesions were due to the sudden lowering of the pressure within the lungs by the vacuum effect of the suction component of the blast wave; the second, that the pulmonary lesions were due to sudden distention of the lungs with air forced along the respiratory passages by the pressure component; or, the third, that the pulmonary lesions were due to the impact of the pressure component of the blast wave upon the resilient chest wall.

Zukerman in a recent, more elaborate investigation designed to answer these questions and to determine the mechanism by which the lung lesions were produced, confirmed the extensive injury produced by blast in lung tissue in a wide variety of animal species. As the source of his experimental blast wave he detonated 70 pounds of high explosive, contained in paper to avoid the incidence of flying fragments. The animals were exposed at varying distances from the charge in well anchored, wire meshed cages. The view which his experiments substantiated was that the lung lesions were due to the impact of the pressure component of the blast wave upon the yielding chest wall. Thus, the lesions were localized to the side facing the explosion. When half the animal was protected by a thick coating of sponge rubber no lesions were found if the protected side faced the explosion; however, characteristic lesions were observed when the unprotected side faced the explosion. Bilateral lesions were not thus observed. Consequently it appeared that the basic cause was a severe contusion of the chest rather than some general pressure effect mediated through an open respiratory passageway.

Stewart, Russel and Cone (1941) more recently report an experimental investigation of the effect of blast upon the central nervous system. Again they emphasize that such lesions may be produced. They maintain that "though pulmonary damage is apparently a constant finding and at times very extensive, it seems unlikely that it is responsible for either sudden death or later fatalities except in a contributory way." They suggest "that the mechanism responsible for the cerebral lesion was the hydraulic-like pressure on the central nervous system, in its firm encasement, resulting from the sudden compression of the thoracic cage with consequent violent back pressure on the venous side."

Along with the intensification of the aerial bombing attack similar activities at sea as well as undersea are being accelerated. With the spread of unrestricted submarine warfare, measures for counter attacking with depth charges have been developed by ships and aircraft. As a consequence of this widespread use of high explosive at sea and undersea, forms of injury known as immersion blast have recently been observed and reported.

Men floating in the water some distance from the point of explosion of depth charges related that they could feel the resultant "kick" of the detonation. Some nearer the explosion were brought in dead, others died soon afterwards. They revealed as a rule no obvious damage to the chest. Surviving casualties often complained of abdominal pain and frequently revealed symptoms denoting injury of the lung or bowel. At necropsy the findings characteristic of blast injury to the lungs were observed. The men also showed other effects, such as fractures of the liver, tears at the hilus of the spleen, rupture of the intestine and other abdominal injuries.

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Lieut. J. A. Welter, 83rd Med. Bat., Camp Beale, Calif.

Lieut. Com. H. S. Zeve, Naval Air Station. Trinidad. British West Indies.

Youngstown Hospitals' Internes

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Lt. David E. Beynon, 83rd C. A. (A.A.) Medical Detachment, A.P.O. 832, c/o Postmaster, New Orleans, La.

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Capt. Louis D. Chapin, M.C., 325th Engs. Bn., A.P.O. 100, U. S. Army, Fort Jackson, S. C.

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Lt. Benjamin G. Greene, 152nd Field Artillery Battalion, 43rd Division, A.P.O. 3193, c/o Postmaster, San Francisco, Calif.

Lt. James Hamilton, M.C., U.S. Navy, A.P.O. 661, c/o Postmaster, New Orleans, La.

Capt. Woodrow S. Hazel, Station Hospital, Lowry Field, Colorado.

Capt. Herbert B. Hutt, Torney General Hospital, Palm Springs, Calif.

Richard P. Jahn, (Address Wanted)

Major Louis R. Kent, Reg. Surgeon & Com. Officer, Med. Det., Camp Mackall, Hoffman, N. C.

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Lt. Howard E. Possner, Jr., (Address Wanted)
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Robt. E. Tschantz, Home address, 740 Seventh St., N. W., Canton, Ohio.
Lt. Walter B. Webb, (Address Wanted)

St. Elizabeth's Internes

Adanto D'Amore (Missing in action, Phillipine Islands).
Major Geo. L. Armbrecht, M.C., 0-357508 Med. Det. 8th Inf., 4th Div., U. S. Army, A.P.O. 4, Fort Dix, New Jersey.
Nathan D. Belinky (A prisoner of the Japs)
Dr. Donald J. Birmingham (Public Health Service) 210 Domer Avenue, Takoma Park, Maryland.
David D. Calucci (Address Wanted)
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Morris I. Heller (Address Wanted)
Lieut. Sanford Kronenberg, Hotel Guyon, 4000 Washington Blvd., Chicago, Ill.
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John T. Murphy (Address Wanted)
Major Stephen W. Ondash, M.C., 4th Aux. Surgical Group, Lawson Gen. Hospital, Atlanta, Georgia.
Lieut. A. K. Phillips, Patterson Field, Fairfield, Ohio.
Capt. Joseph Sofranec, 0489202, 110th Station Hospital, A.P.O. No. 3385, c/o Postmaster, New York, N. Y.

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Regina Aleksiejezyk
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Roselyn Block
Margaret Brinsko
Ursula Burke
Betty Lou Butler
Eleanor Cassidy
Hilda Cherasin
Ann Chmura
Mildred Clarke
Miss Crogan
Helene Dluhos
Ann Dorsey
Catherine Doyle
Irene Daffey
Mildred Engel
Virginia Frame
Mary Grace Gabig
Irene Griffin
Ann Hassage
Margaret M. Hogan
Catherine Holway
Mary L. Kelley
*Mary Klaser (Deceased)
Helen Kral
Mary Lubonovic
Mildred Lymburner
Clara McNeish
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Josephine Malito
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Eugenia Kish
Lois Knopp
Irma Kreuzweiser
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M. Schnurrenberger
Mary Margaret Shore
Ruth Simmons
Mary Louise Smith
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Mary Taddei
Freda Theil
Ursula Thomas
Rebecca Ulansky
Anna Vanusek
Madaline Vranchich
Agnes Welsh
Eleanor Whan
Edna Williams
Pearl Yanus
Mildred Yocum
Jennie Zhuck

Dentists from Private Practice

Lt. Stanley R. Abrams, Great Lakes Naval Training Station, Illinois.
Lt. Gilbert R. Backus, Post Dispensary, Marine Base, Quarglico, Va.
1st. Lt. Morgan W. Baker, A.A.F., Kellog Air Base, 7th Service Group, Battle Creek, Michigan.
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1st Lt. Fred E. Elder, D. C., Dental Clinic, Camp Wheeler, Georgia.
1st Lt. A. E. Frank, Recruiting & Induction Station, Kalamazoo, Michigan.
Capt. William T. James, D. C., Air Technical School, Station Hospital, Madison, Wisconsin.
Lt. Comm. H. E. Kerr, U. S. Naval Hospital, Corona, California.
Capt. W. J. McCarthy, D. C., Station Hospital, Camp Bowie, Texas.
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Capt. J. L. Maxwell, D. C., Station Hospital, Fort Knox, Ky.
1st Lt. W. V. Moyer, D. C., Station Hospital, Fort Benjamin Harrison, Ind.
1st Lt. W. S. Port, D. C., Station Hospital, Aberdeen Proving Grounds, Aberdeen, Maryland.
Lt. Robert W. Price, Station Hosp., Aberdeen Prov. Grounds, Aberdeen, Md.
1st Lt. Earl W. Reed, D. C., Station Hospital, Camp Joseph T. Robinson, Little Rock, Arkansas.
1st Lt. P. P. Ross, D. C., Station Hospital, Camp Gruber, Oklahoma.
Capt. W. R. Salinsky, D. C. (Residence) 1221 Arlington St., Gainesville, Florida.
Lt. Paul W. Suitor, D. C., U.S.N., U.S.S. Indiana, Postmaster, N. Y. City.
1st Lt. D. J. Welsh, D. C., 332 Air Base, G. P. Base Hospital, Gowen Field, Idaho.

We are sending the Bulletin first class to our men in service and request that they acknowledge receipt of it. We at home will always be grateful to our Service Men for a word for the Bulletin. We hope to receive many letters from our men each month. We would welcome letters from our nurses, too.

CLAUDE B. NORRIS, Editor Phone 37418

NEXT MEETING

September 21st — 8:30 P. M. — Youngstown Club

Speaker and Subject to be announced later.

BLAST INJURIES

(Continued from Page 179)

Last year further effects of the sudden compression wave produced by torpedo or depth-charge explosions were reported by Breden et al. A number of these casualties recovered completely. Others recovered from the immediate damaging effect, with subsequent later complications in the abdomen or chest again indicating original injuries to the lung or intestine. One casualty died because of rupture of the small intestine. The main findings in the abdomen were hemorrhages, some from the ruptured spleen or laceration of the intestines.

In addition to the varied abdominal injuries, blast effects upon the lungs were frequent. The presenting symptoms were principally those of injury to the lung or intestine, while four casualties complained of considerable testicular pain. Abdominal tenderness and some rigidity were present for several days in nine surviving casualties. External bruising was evident in none. The authors concluded that conservative management of such casualties appears indicated.

Treatment of the Injured

On the basis of both clinical and experimental observations certain principles of treatment may now be outlined. There are two measures of direct importance in the prevention of this form of trauma. First, is the application of the general principle of protection from the direct force of the blast wave by the use of air raid shelters and the like, such as ditches, gutters and holes in the ground. As an emergency measure in the open one should fall flat on the face, since the back with its heavy muscles and spine yields less to injury than the more resilient front of the chest; second, is the application of some direct measure of protection by covering the chest and abdomen with sponge rubber or some similar material.

The importance of early recognition of the lung injury, in order to treat it rationally, cannot be overemphasized. If, for example, as the result of careful clinical observation it is concluded that pulmonary lesions are present in those whose degree of shock is out of proportion to the apparent severity of the injury, then the indication will be to avoid unnecessary operative intervention and open anesthesia and undertake treatment of the shock.

It is too soon to determine in full the treatment which may be required. Complete rest is essential. In view of the condition of the lungs found at necropsy, and the bloody froth in the mouth and embarrassed breathing clinically, every effort should be made to avoid any additional trauma and thereby add repiratory work to the already hemorrhagic lungs. Oxygen therapy would consequently appear to merit more extensive use. Above all, an awareness that such damage to the lungs may occur should stimulate all concerned to be watchful for this hidden type of danger among air raid casualties.

Thus blast injuries, whether suffered in combat, by the civilian or by the sailor floating in the water are not really new. It is our discernment which is new, as a study of the older reports soon reveals. And this illustrates the value of accurate

observations carefully recorded, since there is then available a wider range of experience from which to judge and conclude. Much remains to be learned. Several regions are now outlined for investigation. Nevertheless, we now have a clearer concept of the mechanism of blast, and of the manner in which it causes its hidden injuries to the human body.

Treatment and particularly prevention are always the more readily applied when we are clearer concerning cause and effect. Thus the investigator in medical science is constantly concerned with "etiology"—the effective cause of disease or injury. Yet there is also an ultimate cause, which for blast injuries is war. What is war and how may it be prevented? Is it necessary in order that struggling humanity may slowly achieve its destiny? Such a major problem we must leave to the development of more light and a consequently enlightened future.

EDITORIALS

(Continued from Page 175)

this Committee create a democratic organization out of it? Does anybody know the answer?

3. The A. M. A. is a fine organization. But the A.M.A. is not faultless nor is it sacrosanct. A good many M.D.'s think it has handled too many problems too slowly and has even attempted to by-pass them by denying that such problems exist. Many constructive things have seemingly come only when further delay became impossible. Could this explain part of the public antagonism toward us?

(The antagonism is not as great, however, as many say it is!) Recently a new Council of the A.M.A. was created. You will find it discussed and its functions set forth on P. 659 of the July issue of the Ohio State Medical Journal. Point 6 of the list of functions suggests more of that centralization that we hear about.

We crab, justly and with good reason, too, about the tendency of our Federal Government to encroach upon the functions and rights of the States and Local Governments. It is safe to say that most of those on this Council are pretty vocal, darned indignant, at this dangerous trend. What does point 6 do? Could it encroach? Suppose they should try? They will have quite a bit of effect, don't you think?

The other points are pretty vague, and cover activities that point only to more "talk"!

Well, at least one thing is certain —sure! Ed McCormack is on that Council and Ed is a man who will demand broad and forward-looking action,—or else! He will see that that Council does something,—not just stall around trying to find out a lot of things everybody already knows!

But Ed will have a deuce of a time getting anything worth while done strictly within the definition of the Council's published powers!

C.B.N.

Annual Meeting of The Medical-Dental Bureau, Inc.

July 1, 1943

(Excerpts from Report of the Board of Directors by Its President, of the Activities of the Bureau to the Membership.)

This is the first meeting held since our last annual meeting and is the Eighth Annual Meeting of the Bureau. The monthly meetings we discontinued, first, because of war times, the Board felt the members would not take time out to attend monthly gatherings. We are sorry it became necessary to discontinue the get-to-gethers every month for it did give the men and members an opportunity to learn from each other what the Bureau was doing for them. This is your Bureau and its policies are controlled by your Board of Directors whom you elect. The second reason the monthly meetings were discontinued was because of cost. The cost to the Bureau was mounting and as the membership was getting thinner, the attendance was falling off to a marked degree. This loss in numbers was due to the number of our men who had enlisted in the armed forces of our country.

We welcome you here tonight and will make an effort not to take too much of your time in explaining some of the trying situations under which your Bureau is operating at present, and what your Bureau is doing, has done and expects to do. The Bureau is managed by an excellent director, Mr. Price, and we naturally look to him for guidance and direction of the Bureau. . . . In the years that have passed since the organization of the Bureau it has shown its worth in the services it has rendered, also by making the people of this community "Doctor Bill" conscious. By that I mean that for a long time the merchant was paid, the automobile dealer was paid but the doctor bill was forgotten. This organization is not just a collection agency. It is a service unit of the medical and dental professions.

We have had some trying times in the past eight years. I mean by that that we have had times when we have been up and down. We have been condemned, but we want to thank the membership for its noble attitude toward their bureau. We must always remember that the Board holds in trust for each and everyone of us a certain amount of stock. No board member or no member of the Bureau makes any profit from this Bureau with the exception of lowering of costs in collecting his overdue accounts.

Collection Service: This is about the only place that the benefits can come back to the members. Your Bureau operates a collection service one of the best in the country. Also the cost to you is less than any other Bureau that operates. When we started to operate we were the third Bureau in the country. The one that we patterned after somewhat has gone out of existence, the Akron Bureau.

Telephone Exchange: We operate a telephone exchange and on this service we employ four operators; three full time and a relief operator. This is a 24 hour service, operated for the benefit of the members of the Bureau, at no profit to the Bureau.

Secretarial Service: Also we operate a Secretarial Service. This is also a 24 hour service. Telephones will be answered, if not answered at your home or at your office, as if you were there. The calls will be taken, even during office hours. If you do not wish to be disturbed the Bureau will take these calls and report to you hourly if you so desire.

Budget Service: We also operate a Budget Service under two plans. The number one plan—when the individual's credit is good—the money is immediately turned over to the

doctor and he has no worrying about future collection losses. But where the credit is not so good we place the fee on number two budget. There the individual pays but does not know that the doctor has not received all of his money and the doctor receives it in monthly amounts. Other services rendered by our Bureau, again I say make it more than a collection agency.

War Service Plan: We inaugurated this Service Plan for the benefit of men who have gone into the service of our country. All of their accounts, new and old, upon their books were turned over to the Bureau for liquidation. This service was rendered at a moderate cost of 10% and with the understanding that after a certain length of time if the account is not paid it would be turned in for general collection at regular collection rates and regular collection procedure. This is a service that your Board felt was for the men who were giving up their practice for all of us, so the cost was made as moderate as possible. The Bureau holds a complete card index of patients' names with addresses of all doctors in the service and if they give us authority on their return a card will be sent to each patient notifying him that the doctor has returned and is ready to work. Other services can and will be set up for these returning members.

Bureau Co-operations: Your Bureau co-operates with many industrial and commercial organizations in the valley as well as the local Credit Bureau. When it was first organized there was a distinct separation between the merchants' accounts and the doctors. But through the efforts of Mr. Price there is now a close co-operation between the Merchants Credit Association and The Medical-Dental Bureau. Accounts of individuals who apply for commercial credit are not accepted by a merchant if they owe a doctor bill. The Bureau is held in high esteem by all the personnel men of the valley. Through this goodwill which has been created by our Director, it is possible to check whether an individual is working, what his job is, and his address.

Bureau Operation by Board and Executive Director: You were promised that the Board shall be a balancing wheel, that it shall have no power of nosing into business affairs of the members being handled by the Bureau. It shall continue to merely see that the ethics of both professions are not interfered with. The personnel, accounts, and management of the Bureau are directly under Mr. Price, its director. The Board or its officers at no time attempt to interfere with his management. We only regulate policies. The legal department of our Bureau operates directly under the executive director and is operating very efficiently. Mr. Price also contacts members so they may become acquainted with the operations of their Bureau. We need the support of every physician and dentist now that so many of our members are in the service of our country. Let's really get behind this Bureau for the next twelve months.

If I Were God

(Soliloquy)

By MARGARET S. MARSHALL

I—God—who brought to life in cosmic birth,
All baffled minds inhabiting the earth,
Am moved to pity their uncertain worth.

I give them life—a thousand lives!—they learn
As many creeds. Still they return
To seek again the peace for which they yearn.

Their crowded pathways twine and intertwine;
They kneel in faith (or doubt) before some shrine
Contrived by their own wistful hands,—not Mine.

I rest the Seventh Day, and wondering, hear
Tumultuous conflicting hope and fear
Surge up in prayers—some canting—some sincere.

I watch them march, courageous, unafraid,
Into the maw of war; they ask for aid
From battlefields where Hate stands bold arrayed.

Behind the veiling smoke of time, I draw
Each tiny circle perfect,—without flaw—
They will not learn that I am changeless Law.

Yet, I have made a living coral reef
Emerging exquisitely, leaf by leaf,
That man might shed his sullen unbelief.

I made the night—the silver dripping rain—
The blue-gray winds that search the farthest plain—
The wild green world that dies and lives again,

To wing his faith. My elemental gift
Of re-creation gives him power to lift
His earthbound soul above the common drift.

But though I set the stars and lit the sun,
And calmed the rolling oceans, one by one,
I,—God, cannot do more than I have done.

Though I so loved the troubled world, I gave
My well-beloved Son,—I cannot save
My image, man, from anguish or the grave.

A thousand worlds from now, some dawning mind
Will mount the ever-blazing stars, to find
That Law (obeyed) brings heaven to humankind.

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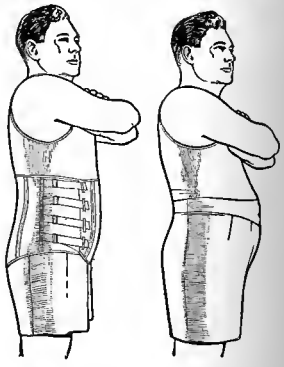

FROM OUR DOCTORS IN SERVICE

Capt. Kendall Moves

July 31, 1943

Dear Miss Herald:

Just a line to say "hello" again. After having been at the 25th Service Group, Greenville, S. C., for about eleven months, I came down to Florida to the Army Air Forces School of Applied Tactics of which this is one of the many satellite stations which serve. I received orders my new address after July 25th will be, Headquarters, Warner Robins Air Service Command, Warner Robins, Ga.

Good luck and my best regards to all.

Capt. M. M. Kendall.

*

Sid says we're warriors, Too!

July 3, 1943

Dear Claude:

All work at Morrill Lodge ceased yesterday when the April, May, and June Bulletins arrived. Now I am as up to date as anyone upon the services the members of the Mahoning County Medical Association are rendering. I am not surprised that they are giving a good account of themselves for Mahoning always set a high standard in everyway as a goal. The county medical men are as much and I think more medically alert than any other group within my knowledge. Those who have to be at home will care for so many that their endurance will be severely tested. They, too, are warriors who can and will contribute much to the conclusion of a war instigated and carried on by a group of anti-social people who most certainly as a group display symptoms of paranoia. I am very proud to have been, once, President of such a fine group of medical men as those who then and now carry on the sound ethical traditions of medicine.

My congratulations to all.

Sidney McCurdy

*

Lt. Shensa Changed Again

July 10, 1943

My Dear Miss Herald:

I'm sorry I did not write you before, but I have been transferred several times and now feel that I am more or less permanently assigned. I am located at Station Hospital, Camp Sibert, Alabama, and am very busy here.

The camp is a Chemical Warfare Camp and it is very hot here. I am in charge of the Hospital Infirmary. Receiving Office, Assistant Chief of Medicine, and am to start an Allergy Clinic here. So you can readily see that my time really belongs to the army.

I appreciate the Bulletin very much. Best wishes to all.

Lt. L. S. Shensa

SHORT STEAK

Waitress: And how did you find your steak?

Customer: I lifted up a potato and there it was.

SINCE LAST MONTH—

Dr. Raven Commissioned Captain

One of the first six women to be commissioned Captain in the U. S. Army is Dr. Clara Raven, former member of our Society, now located at Scranton, Pa. Dr. Raven is to report to the Army Medical Corps U. S. Army, Washington, D. C., for sixty days, then to Newton D. Baker General Hospital, Martinsburg, W. Va.

Craig C. Wales Now Captain

Craig C. Wales spent a short time here visiting friends and his brother, Dr. R. E. Wales recently. Dr. Wales was one of the first M. D.'s to enter the service and was commissioned Captain last February.

Lieut. Commander James L. Fisher, U.S.N., and Mrs. Fisher have returned to Camp Peary, Williamsburg, after spending a few days at their home in Forest Glen.

Dr. Chas. A. Wagner was promoted from major to Lieutenant Colonel June 18th at Denver, Colo. Dr. Wagner worked with Dr. E. C. Baker for a year at South Side Unit, Youngstown Hospital, before entering service.

Major S. D. Goldberg came by plane from Camp Davis, N. C., to have lunch with relatives here, returning on an afternoon plane. Dr. Goldberg is stationed at Camp Davis, N. C.

Dr. and Mrs. Paul J. Mahar are enjoying a cruise on the Great Lakes.

Dr. and Mrs. R. G. Mossman are vacationing at Washagami, Canada.

Miss Peggy Sedwitz, daughter of Dr. and Mrs. S. H. Sedwitz, left July 8th for Ft. Devens, Mass., to report for duty as a member of the Women's Army Corps.

Dr. and Mrs. R. R. Morrall spent a week at Madison-on-the-Lake.

Dr. and Mrs. E. C. Baker spent a short vacation at the Homestead, Virginia Hot Springs, Va.

Dr. and Mrs. Paul J. Fuzy have moved to their new home, 1886 Fifth Ave.

Captain A. K. Phillips of the Army Medical Corps, was promoted from first lieutenant last August. He is now chief of the general surgical service at the Station Hospital, Patterson Field.

Captain Kronenberg, stationed at Camp Atterbury, Ind., has been promoted from first lieutenant.